



VHA APRN Full Practice Authority FAQ

What is the Veterans Health Administration (VHA) Proposal for Full Practice Authority?

The proposal would recognize the Full Practice Authority of all advanced practice registered nurses (APRNs), including CRNAs, working in the Department of Veterans Affairs (VA) healthcare system. Currently, there are approximately 900 CRNAs practicing in the Veterans Health Administration (VHA). This policy change would enable all CRNAs to practice to the full scope of their education and training, and help to standardize policy across the VHA.

What is current VHA policy for CRNA practice?

The practice of CRNAs and the delivery of anesthesia are subject to the existing VHA Anesthesia Handbook 1123 found at http://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=1548.

Does the VHA Anesthesia Handbook require physician supervision of CRNAs?

No, it does not. While the Anesthesia Handbook emphasizes a team-based approach to anesthesia delivery, it does not require physician supervision or anesthesiologist supervision of CRNAs. There are currently several facilities operating today with CRNAs as the sole providers of anesthesia.

If adopted, will this proposal affect patient care team-based delivery of anesthesia or force CRNAs to work independently?

No. Full Practice Authority simply ensures that each Veteran patient will benefit from the full education and skill set of every healthcare professional, and supports consistent high quality care delivery by the patient care team. It also ensures that each CRNA and APRN is privileged up to their level of educational preparation and experience.

Is there currently legislation in Congress to address APRN Full Practice Authority in the VHA?

Yes, there are currently four pieces of legislation that address the Full Practice Authority of APRNs in the VHA. The AANA is supporting HR 1247, the "Improving Veterans Access to Quality Care Act," and HR 4134/S 2279, the "Veterans Health Care Staffing Improvement Act." Both pieces of legislation allow all four types of APRNs to practice to their full practice authority. The bills are also consistent with the recommendations of the recently completed Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs; the Institute of Medicine report titled, *The Future of Nursing: Leading Change, Advancing Health*; and the National Council of State Boards of Nursing APRN Consensus Model.

The AANA has expressed strong concerns about legislation in the Senate, S 297, the "Frontlines to Lifelines Act," sponsored by Sen. Mark Kirk (R-IL). Unlike S 2279, S 297 recognizes only three of the four APRN specialties for Full Practice Authority in the VHA, omitting CRNAs. Failing to recognize CRNAs would limit Veterans' timely access to critical procedures requiring anesthesia care.

Are there any additional provisions included in HR 1247, HR 4134/S 2279, and S 297?

Yes, all four bills include provisions that are supported by the VHA. HR 1247 and S 297 would also extend and expand the "Intermediate Care Technician" pilot program, which enables the immediate transition of combat medics, medical technicians and corpsmen from the U.S. Armed Forces into the VHA system to provide care and advance their education and training. HR 1247 and S 297 also seek to streamline processes for sharing provider credentialing data between the Department of Defense and the VA. HR 4134/S 2279 includes additional provisions to help service members leaving the military transition to the VA and supports uniform licensing and credentialing standards.

Why did the VHA decide to adopt this policy?

Motivated by the recommendations of the Institute of Medicine report, *The Future of Nursing: Leading Change, Advancing Health*, that support the policy of APRNs practicing to their full scope, the VHA seeks to implement best practices related to efficient and effective healthcare delivery. This action is the right policy at the right time to improve Veterans' access to timely, high quality healthcare.

What did the VHA Independent Assessment say about APRN Full Practice Authority?

Following a thorough examination of the clinical literature, the entity charged by Congress to produce the Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs came to the same conclusion as the Institute of Medicine. Sec. 6.4.2. of the Assessment recommends, "Formalize Full Nursing Practice throughout VA."

Did the VHA Independent Assessment find any problems with Veterans access to anesthesia care?

Yes. Reviewing the current system, the Independent Assessment identified delays in cardiovascular surgery for lack of anesthesia support, rapidly increasing demand for procedures requiring anesthesia outside the operating room, and slow production of colonoscopy services in comparison with the private sector. Extending Full Practice Authority to CRNAs and other APRNs will expand Veterans access to these critical services.

Can CRNAs practice without supervision in other federal settings?

Yes. The Army, Navy, Air Force, Indian Health Services, as well as Combat Support Hospitals and Forward Surgical Teams, all allow CRNAs to practice without physician supervision. The Centers for Medicare & Medicaid Services (CMS) also allow states to opt out of the federal Medicare supervision billing requirement, meaning states that opt out are no longer required by CMS to have CRNAs supervised by physicians, including anesthesiologists, when administering anesthesia. Currently 17 states have opted out of this supervision requirement and allow CRNAs to administer anesthesia to Medicare patients without the supervision of a physician.

Who is currently supporting this issue?

AANA, the Association of Veterans Affairs Nurse Anesthetists (AVANA), 53 nursing organizations, Veterans, the Military Officers Association of America, the Air Force Sergeants Association, other Veterans groups and stakeholders, the AARP, and more than 75 members of Congress have all communicated support for Full Practice Authority for CRNAs and other APRNs.

How are CRNAs educated and trained?

All CRNAs must pass the National Certification Exam and complete recertification every two years. All CRNAs are held to the same national standard of care requiring the same level of expertise regardless of the state in which the CRNA practices.

While each anesthesia educational program may require coursework that exceeds national certification requirements, each nurse anesthesia program must be nationally accredited and meet national education standards for anesthesia by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA). Nurse anesthetists practicing in every state must receive their master's or doctoral degree and attain a minimum of seven to eight years of education, training, and experience before becoming a CRNA. CRNAs are the only anesthesia professionals with an average of 3.5 years of critical care experience prior to beginning formal anesthesia education. The average student registered nurse anesthetist completes nearly 2,500 clinical hours and administers roughly 850 anesthetics during his/her clinical preparation, and completes clinical and didactic instruction emphasizing anatomy, physiology, advanced pathophysiology, biochemistry, chemistry, physics and advanced pharmacology.